

FAMILY PLANNING PAYMENT LEDGER

Month					Year				
Region					PHO				
Phone Number					Fax Number				
Site Code					Submitted By				
							Must type in info Must type in info		
Month	Day	Year	Deposit Number	Patient #	Today's Charges (after adj)	Previous Balance	Amount Paid	Payment Type	Balance Due
									\$0.00
									\$0.00
									\$0.00
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									\$0.00
Page Total					\$0.00	\$0.00	\$0.00		\$0.00
Grand Total					\$0.00	\$0.00	\$0.00		\$0.00
Total Checks:				0.00					
Total Cash:				0.00					
Month Total (Cash & Checks):				\$0.00			Page	of	
Clerk Signature					Nurse Manager Signature				